

(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: \_\_\_\_\_  
Status Code: 3  
Fee Category: \_\_\_\_\_  
Exp. Date: 0  
Fee Comments: \_\_\_\_\_  
Decom Fin Assur Reqd: \_\_\_\_\_

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: WILLIAM BEAUMONT HOSPITAL  
Received Date: 20061023  
Docket No: 3037359  
Control No.: 315789  
License No.:  
Action Type: New License

(21-01333-02)

9400 -

2. FEE ATTACHED

Amount: \$9400.00  
Check No.: 716322

3. COMMENTS

Signed D.A. Hersey  
Date 10-25-2006

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered )

1. Fee Category and Amount: See attached fee sheet

2. Correct Fee Paid. Application may be processed for:

Amendment \_\_\_\_\_  
Renewal \_\_\_\_\_  
License       

3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
Date \_\_\_\_\_

**FEE INFORMATION**

Log Page: Nov 1 (Region III)

Mail Control: 315789

Company Name: William Beaumont Hospital

Type of Application: NEW

Type of Fee: Application

Fee Category: 7A

Check Number: 716322

Amount Received: \$9,400.00

Date Completed: 11/02/06

Completed by: Brenda Brown